

FORM

2981

(REV. 11-2002)

## REQUIREMENTS FOR COMPLETING FORM

- 1. Issued by licensed insurance company
- Signed by Attorney-In Fact
   Signed by applicant
- 4. Must bear insurance company seal
- 5. Must have effective date
- 6. Must be accompanied by a valid Power of Attorney letter

BOND NUMBER		
BOIND NUMBER		

That I/We			
mat // we		(OWNER'S NAME)	
of	Cou	unty, State of	
as principal, and			
ao pinioipai, and		(NAME OF SURETY COMPANY	)
a corporation duly licensed for the purpose of m the laws of the state of Missouri, as surety, a		-	
			DOLLARS (\$),
lawful money of the United States, to be paid to the of money, well and truly to be paid, we bind ourselv firmly by these presents.		uri, or to the Director of I	Revenue of the state of Missouri, for which sums
THE CONDITIONS OF THE FOREGOING OBLIGA	ATION IS SUCH	THAT,	
WHEREAS, the said principal has applied for withhold taxable wages and will be subject to the lawfully adopted in relation thereto.			Withholding Identification Number to deduct and imployment Security Law; and all amendments
and in particular pay all taxes, claims, interest and remain in full force and effect.  If said principal is delinquent the Missouri De make payment or contact Missouri Department of Romake payment or contact Missouri Department of Romake payment or contact Missouri Department of Romake payment or confider release of confider releasing personnel from the Department of Romake said surety of confidential tax information resulting supplement thereto.  This obligation shall remain in force and effect Director of Romake said principal from the may cancel the bond and be released of further lias Such cancellation shall not affect any liability incurred IN WITNESS WHEREOF, we have duly executed the day of	partment of Re Revenue stating ential tax informa- nue and Division of from release ect until the tran- ne bonding requability hereunde ed or accrued here	venue will notify said su reasons payment has nation to said surety as long of Employment Security of subject information asient employer ceases airement as set forth by a representation of the termination of the terminati	rety. Surety then has thirty (30) days in which to ot been made. Ing as this obligation remains in force and effect; by from any and all liability for any disclosures to under Section 32.057, 287.380, 288.250 and to engage in activity within the state or until the Section 285.230 RSMo, Supp. 1988. The surety days written notice to the Director of Revenue. mination of sixty (60) day period.
SURETY SIGNATURE OF ATTORNEY-IN-FACT			ATTEST: (SEAL
SURETY'S STREET ADDRESS OR P.O. BOX			
CITY, STATE, ZIP CODE			
SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICE	R OF BUSINESS		I